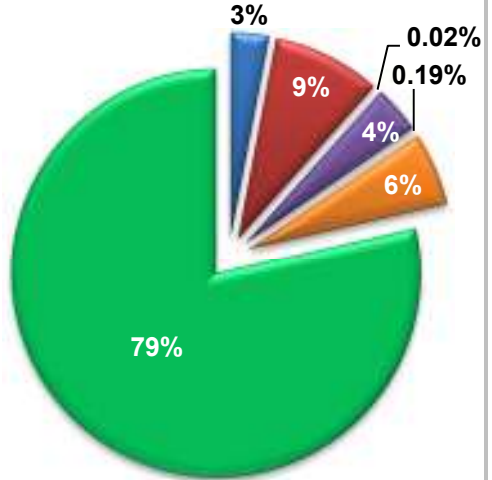
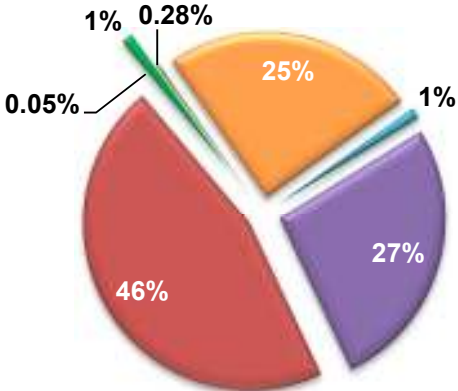


# State Supplementary Assistance



Purpose	State Supplementary Assistance (SSA) helps low-income elderly or disabled Iowans meet basic needs and reduces state spending for Medicaid.	
Who Is Helped	<p>SSA eligibility criteria include:</p> <ul style="list-style-type: none"> <li>• Requirements about disability or age as defined by Social Security standards.</li> <li>• Receipt or eligibility to receive Supplemental Security Income (SSI).</li> <li>• Citizenship and residency.</li> <li>• Limitations on income and assets.</li> </ul> <p>There are seven SSA groups.</p> <p>79 percent of SSA recipients are in the Supplement for Medicare and Medicaid Eligible (SMME) group. While providing a \$1 monthly payment to the person, it saves the state money that would otherwise be paid by the state for the recipients' Medicare Part B premiums.</p> <p>In SFY14 an average of 18,056 cases received an SSA benefit. A case may be a single person or a couple if living together.</p> <p>Examples of the monthly income requirements:</p> <ul style="list-style-type: none"> <li>• Residential facility, monthly income of \$1,019 or less.</li> <li>• In-Home Health-Related Care, monthly income of \$1,201 or less.</li> <li>• Blind, monthly income of \$743 or less.</li> </ul>	<p><b>Recipients by Coverage Group SFY14</b></p> <ul style="list-style-type: none"> <li>■ Blind Allowance (3%)</li> <li>■ Dependent Person Allowance (9%)</li> <li>■ Family Life Home (.02%)</li> <li>■ In-Home Health-Related Care (4%)</li> <li>■ Mandatory State Supplement (.19%)</li> <li>■ RCF Assistance (6%)</li> <li>■ SMME Assistance (79%)</li> </ul>  <p>May not equal 100% due to rounding.</p>
	✓ In addition to receiving SSA, most recipients also receive Medicaid.	

<b>Services</b>	<p>State Supplementary payments provide cash payments to help meet basic needs.</p> <p>Individuals receiving In-Home Health-Related Care, Residential Care Facility, and Family Life Home services help pay for the cost of their care through an assessed client participation amount. SSA pays the difference between the actual cost of care and the client payment amount.</p> <p>Monthly benefits:</p> <ul style="list-style-type: none"> <li>• Dependent Person Allowance, up to \$370.</li> <li>• In-Home Health-Related Care (IHHRC), up to \$480.</li> <li>• Blind Allowance, up to \$22.</li> <li>• Mandatory Supplement, an average of just over \$88.</li> <li>• Supplement for Medicare and Medicaid Eligible (SMME), \$1 per month.</li> <li>• Residential Care Facility (RCF) Assistance, up to \$1,019.</li> <li>• Family Life Home Payment, up to \$142.</li> </ul>	<p><b>Expenditures by Coverage Groups in SFY14</b></p> <ul style="list-style-type: none"> <li>■ Family Life Home (.05%)</li> <li>■ SMME (1%)</li> <li>■ Mandatory Supplement (.28%)</li> <li>■ RCF (25%)</li> <li>■ Blind Allowance (1%)</li> <li>■ IHHRC (27%)</li> <li>■ Dependent Person (46%)</li> </ul>  <p>May not equal 100% due to rounding.</p> <p>✓ <i>Most SSA payment types must meet a minimum payment amount set by the federal government. States can pay more but not less. Iowa is at the federal minimum for all but IHHRC.</i></p> <p>✓ <i>RCF and Dependent Person payment levels are affected by Social Security cost of living allowance increases. The payments must increase each January to equal the increased federal minimum payments.</i></p>
<b>Goals &amp; Strategies</b>	<p>Goal: Provide Access to Health Care Services</p> <p>Strategies:</p> <ul style="list-style-type: none"> <li>• Access federal dollars for payment of Medicare Part B premiums for more Medicaid members through the SMME coverage group.</li> <li>• Continue to provide assistance in the least restrictive setting for elderly and disabled recipients.</li> </ul>	<p>Results in SFY14:</p> <ul style="list-style-type: none"> <li>• Increased the number of SMME participants by 1.8 percent to further decrease the amount the state pays for the Medicare Part B premiums for those individuals.</li> </ul> <p>✓ <i>SSA supplements the SSI program for people with a financial need that is not met.</i></p>
<b>Cost of Services</b>	<p>The average cost of providing SSA varies greatly between coverage groups, ranging from \$12 annually for SMME Assistance to \$5,429 for persons receiving In-Home Health-Related Care Assistance.</p>	
<b>Funding Sources</b>	<p>The total budget for both SFY16 &amp; SFY17 is \$13,781,154.</p> <p>Funding is entirely from the state general fund.</p> <p>✓ <i>State Supplementary Assistance is funded with 100 percent state dollars and is used to meet the Medicaid federal Maintenance of Effort (MOE) requirement.</i></p>	

## SFY16 & SFY17 Budget Drivers

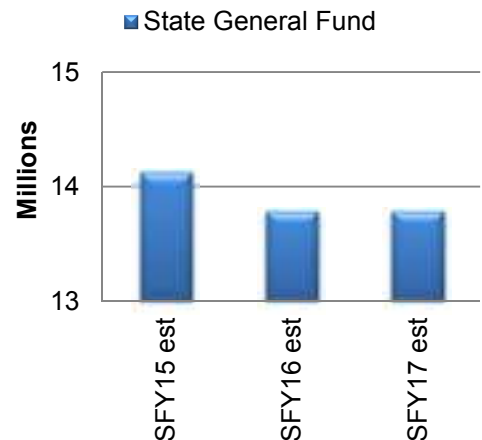
The total SFY16 State Supplementary Assistance budget request reflects a \$340,000 (2.4 percent) general fund decrease from the SFY15 Enacted Appropriation.

The total SFY17 budget request also reflects a \$340,000 (2.4 percent) general fund decrease from the SFY15 Enacted Appropriation, the same as the SFY16 budget request.

The key budget drivers are:

- Annual Social Security cost of living adjustments increase costs for Dependent Person and RCF.
- Modest caseload increase for Dependent Person.
- Cost per case increase for In-Home Health-Related Care (IHHRC).
- Continuing decrease in RCF bed days.
- Combined, Dependent Person, RCF and IHHRC account for nearly 98% of the total SSA budget.
- The effect of decreases in RCF bed days is expected to exceed the combined effect of any other increases in caseloads or cost per case in SFY16 resulting in a decreased funding need.
- In SFY17, the effect of decreases in RCF bed days will offset, but not exceed, the combined effect of any other increases in caseloads or cost per case resulting in no change in funding from the SFY16 level.

## Total Budget Funding



- ✓ *A recent report by the federal Office of Inspector General (OIG) has recommended that the federal Medicaid agency seek legislation that would require Iowa and other states with similar programs to significantly increase the Supplement for Medicare and Medicaid Eligibles. To date, the federal Medicaid agency has declined to do so, indicating such action must come from the Social Security Administration.*

## Legal Basis

### Federal:

- SSA benefits are an MOE requirement for the Medicaid program
- Code of Federal Regulations: 20 CFR 416.2095 and 416.2096

### State:

- Iowa Code Chapter 249
- Iowa Administrative Code 441 IAC Chapters, 50-54 and 177